

Candidate Intention Statement

Type or Print in Ink.

Date Stamp CCLEK 12NOV30 11:17	CANDIDATE INTENTION STATEMENT CALIFORNIA FORM 501
	For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Golonski DAVID P DAYTIME TELEPHONE NUMBER (818) 843 2948 FAX NUMBER (optional) (818) 842 2971 E-MAIL (optional) DGOLON@AOL.COM
 STREET ADDRESS Burbank City Council CITY City of Burbank STATE CA ZIP CODE 91505
 OFFICE SOUGHT (POSITION TITLE) 725 N AVEN ST AGENCY NAME City of Burbank DISTRICT NUMBER, if applicable. CA ☒ NON-PARTISAN
 OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) 2013 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2013 (Year of Election) **Primary/general election** _____ (Year of Election) **Special/runoff election**

(Check one box)

☒ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/30/2012 (month, day, year) Signature David Golonski (Candidate)